

EVALUATION OF ASSESSOR'S ON-SITE ASSESSMENT REPORT

To be completed by the Program Manager or the on-site assessment review evaluator(s) and signed by the PM

Name of assessor: _____ Program: _____

Was the assessor assessing the: quality system ☐1 technical competence ☐2 or both ☐3

Lab Name: _____ Lab Code: _____

Date(s) of assessment: _____

	<i>Current Version?</i>		<i>Missing?</i>	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
	<i>Y</i>	<i>N</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1. Is the report complete? (also indicate if the current version was used)								
a) On-Site Assessment Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Signature Sheet w/Narrative Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) General Operations Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Program-Specific Checklist (if app.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the report legible?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are noted deficiencies clearly stated?								
a) Declared against specific requirements				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Objective evidence identified				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are noted deficiencies valid?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Reviewer's comments: _____

6. Program Manager's comments/actions taken: _____

Reviewer: _____ Date: _____ Program Manager: _____ Date: _____